

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 03/21/09

**X SUPP**

**3060491**

1. NAME Pellerin-Davis Paula MI  
Last First

NAME  
CHANGE \_\_\_\_\_ MI  
Last First

2. BUSINESS PHONE (225) 763-9680  
(Area Code) Phone Number

3. FAX PHONE (225) 763-9681

4. BUSINESS ADDRESS 3344 Westervelt Avenue Baton Rouge, LA 70820  
Street and No. City State

MAILING ADDRESS Same  
Street and No. City State

5. EMPLOYER Pellerin@Davis Consulting, L.L.C

6. EMPLOYER'S ADDRESS 3344 Westervelt Avenue Baton Rouge, LA 70820  
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name Baynie & Associates

Address P.O. Box 44032, Capitol Station, Baton Rouge, LA 70804

Business or purpose \_\_\_\_\_

☒ New Representation  
Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**HAND DELIVERED**

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2) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

*Paula Bellum-Davis*  
Signature of Lobbyist